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APPLICANTS

Barry N. Kreiswirth, New York, NY;

Steven M. Naidich, New York, NY;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 10/20/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 8	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Signature _____ Initials _____					

ADDRESS

23517
 SWIDLER BERLIN LLP
 3000 K STREET, NW
 BOX IP
 WASHINGTON, DC
 20007

TITLE

System and method for tracking and controlling infections

FILING FEE RECEIVED 776	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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